Statewide Healthcare Coalition Steering Committee Meeting – 5/13/13

Topic	Discussion	Outcome/Action Items
Welcome and Introductions Overview of Committee	The members of the group introduced themselves and were welcomed to the meeting. Note: New KDHE Preparedness Program Director is David Meek. He can be reached at: dmeek@kdheks.gov or by phone at 785-296-8656 Prior to the meeting, members of the Committee were provided a	Welcome everyone! Sign in sheet is attachment Outcomes —
Charge	draft of the "Committee Charge" document. After a brief introduction of the document, the group was asked discuss the document contents and suggest changes or revisions. The general intent of the Committee Charge is to guide the Steering Committee activity. There were some editorial changes that will be made by KDHE staff.	 Add to opening paragraph: Committee is expected to provide recommendations to KDHE re: preparedness activity in Kansas Committee will meet at least 4 times per year To the category for at-large-member: Include both Coroner and Mortuary Services To the category for at-large-member: Include Emergency Medical Services and Trauma Meeting location will be changed to: Salina, KS Reference to KHA will be changed to KHERF Ex Officio members will include: KDHE, KALHD and KHERF. Action items: KDHE staff will make changes to Committee Charge document and redistribute with these meeting notes.

Selection of Chair, Vice Chair and Secretary	The group had discussion on the process for selection of a Committee Chair, Vice Chair and Secretary. The process determined was nomination of members to serve in those positions for 2 years. The group asked if KDHE could provide the administrative support to the Steering Committee, instead of officially electing a Secretary position. Administrative support includes: logistics, communication with members on behalf of Chair person, and meeting documents such as: agenda, attachments, sign in sheets and minutes. All those nominated accepted the nomination. The Steering Committee members voted on Officers. Once the Chair person was decided, the group voted again among remaining candidates for the	Outcomes - Chair Person – July 2013 – June 2015: Charlie Keeton Vice Chair Person – July 2013 – June 2015: Virginia Downing Administrative Support will be provided by KDHE staff. Action items: None
Primary Care/FQHC representatives in health care coalitions	KDHE currently provides funding for some Primary Care Clinics/FQHCs to begin to incorporate health care preparedness activities into their operating plans. Funding is currently provided through the aid to local process for 18 – 21 clinics across Kansas. The purpose of this discussion is to validate and support the need for Primary Care participation/representation in the 7 health care coalitions. Additionally, one of those Primary Care Clinic will serve on the Statewide Health Care Coalition. Clinics currently funded through KDHE were listed by Region in order to give the Regional Coordinators an idea of those available in their area. In some cases, the Regional Coordinators were familiar with the identified clinics and in other areas, there is the need for education and recruitment into Coalitions. KDHE is able to offer the Primary Care Clinics chosen to participate in the regional health care coalitions a stipend of \$2,000 per year to cover travel and other expenses associated with being an active member of the regional coalition. It was noted, that other "disciplines" that are asked to serve on the health care coalitions (such	Outcomes — Regional Coordinators will make recommendation for Primary Care Clinic, invitation to participate in the Health Care Coalition. Those selections made are: NC — Salina Family Health Center NE — Flint Hills Community Health Center and Shawnee County Health Agency NW — First Care Clinic SE — Community Health Center of Southeast Kansas SW — UMMAM The two remaining regions, South Central Region and Kansas City Region, will discuss within their region.

	as mortuary and long term care) are provided a travel stipend through the funding of the Hospital Regions. Primary Care is not currently included in that funding, thus the stipend from KDHE. The Committee members reviewed the list of funded Primary Care Clinics by region. Each Regional Coordinator will make a recommendation for participation by a clinic in their region. Once that recommendation is made, KDHE staff will contact the clinic to officially offer the stipend and formalize the agreement.	1. Kansas City and South Central Regions will make their selection for Primary Care Clinic representation on the HCC and will submit information to Charlie Keeton and Emily Nickel. 2. KDHE staff will contact the clinic selected and formalize the offer for the travel stipend to cover participation.
At Large Nominations to the Statewide Healthcare Coalition	The process for review and selection of nominations for "At-Large" members was discussed. The process to be used is: review of all candidates with comments from their regional representatives, members vote on candidate, votes tallied and selections made known to committee. In case of a tie, the Steering Committee members will re-vote. Following the formal voting process, Charlie Keeton and other committee members recognized the outstanding caliber of all nominations that were presented. The group discussed the procedure for following up with all nominees.	Coutcomes — Long Term Care — Shona Gleason Behavioral Health — Tom Pletcher Funeral Director — Michael Burkhart Emergency Management — Cary Gerst EMS — Terry David Action Items: 1. Emily will contact all nominees with a follow up letter either thanking them for their interest in being part of the Statewide Health Care Coalition or offering congratulations for their selection to the Committee.
Updates from Regional Coalitions	Each regional coordinator provided an update from their area: KC – Eight representatives from the region attended the Joint Commission Conference; they received good and timely information	Action items: 1. Jamie will follow up with questions for the KDHE HPP project officer re: HCC

	on Health Care Coalitions.	Exercise involvement and COOP.
	NE – Coalition is finalizing their Charter; forming committees for risk, HVA and preparing. There is a question regarding training and exercise: Is this requirement coalition specific or do coalition members simply participate? KDHE staff has had this discussion with our HPP Project Officer at the Federal level and will revisit the issue. The following question was also discussed regarding COOP: Since each facility has a COOP, why would the HCC need a COOP, given that the HCC is a non-operational group. This is another issue to be discussed with the HPP Project Officer.	
	SE – At their next meeting, the group will ratify the Charter; some committees have already been established.	
	SC – Working on Charter; established an Executive Committee as a voting body.	
	NC – Small work group reviewing Charter template; at the June meeting, they will ratify the Charter and elect officers; Sue Cooper attended the Public Health Preparedness Conference and highly recommends the meeting as a source of continuing education; the region is preparing for their traditional end of the grant year celebration.	
	NW – Next meeting in June to focus on Health Care Capabilities Questionnaire and review of Charter.	
	SW – Charter ratified on March 20; started discussion on Health Care Capabilities Questionnaire; discussed remaining funds and working on a more robust Training and Exercise Plan.	
Wrap up and next steps	Meeting Schedule: The group will meet a minimum of 4 times per year – would like to have a set meeting date (Monday seemed to be the preference). Meeting place will be Salina.	Action Item: 1. Emily will contact Rolling Hills to try to

Next meeting date (tentative): July 22, 2013 – 10 a.m. – 2 p.m.

Next Steps — The group discussed several options for the group to consider as moving forward. Discussion included: contracting with a vendor to look at Statewide Capabilities related to strategic planning and helping Kansas streamline the process for Coalitions; using the Health Care Capabilities Questionnaire to guide initial work of the Committee; share capabilities from each region (including deployable assets both regionally and statewide); seeking information from KDEM on what "inventory systems" they have in place and what they are working to enhance the ability to access resources; general discussion on the structure and operating guidelines for a statewide coalition such as this.

- secure meeting site for July 22, 2013 from 10 a.m. 2 p.m.
- 2. Emily will coordinate (perhaps through Meeting Wizard) with Committee members to determine best "standing" time for the group to meet.

Action Item:

For the Meeting on July 22 -

- 1. _____ will get information from the University of Colorado related to strategic planning and use of a needs assessment to identify statewide gaps.
- 2. Jamie will provide the group with aggregate data from the Healthcare Capabilities Questionnaire
- 3. The group will review the State of Colorado Partnering tool
- 4. Emily will provide a review from the October, 2012 meeting regarding Health Care Coalitions.
- 5. Each Committee member will reflect on their views on how the Steering Committee will integrate and add value to the Regional level system- how can they support each other/what is the role of each. Each Committee member will be prepared to discuss thoughts and ideas.

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Attendees

Emily Nickel - KDHE

Jamie Hemler -KDHE

Angela German – KDHE

Virginia Downing – SCHCC

Tami Wood – NWHCC

Jeanie Clerico – KHERF

Liz Ticer – KCHCC

Steve Hoeger – KCHCC

Fred Rinne – SEHCC

David Dodge - SEHCC

Mindee Reece - KDHE

Dave Meek - KDHE

Michelle Ponce - KALHD

Sue Cooper – NCHCC

Charlie Keeton – SCHCC

Sherry Angell – NCHCC

Richard Everett – SWHCC

Cindy Mullen - NWHCC

Ed Garner – SEHCC

Julie Schmidt – NEHCC

jAnne Gray – NEHCC

Ron Marshall - KHERF